

# TRANSMITTAL FORM

Application Serial Number 10/585,464  
Filing Date January 10, 2005  
First Named Inventor Moses  
Group Art Unit To be assigned  
Examiner Name To be assigned  
Attorney Docket No. CMC-011  
Patent No.  
Issue Date

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form   | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><input type="checkbox"/> Formal Drawing(s)  | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)  |
| <input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson<br>including Drawings<br>[Total Sheets _____] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) and Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
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Respectfully submitted,

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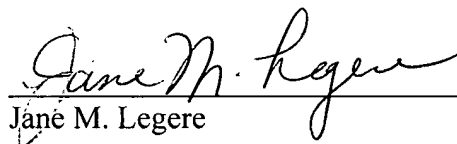
**PATENT**  
Attorney Docket No. CMC-011

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS:	Moses, et al	CONFIRMATION NO.	
SERIAL NO.:	10/585,464	GROUP NO.:	To be assigned
FILING DATE:	January 10, 2005	EXAMINER:	To be assigned
TITLE:	Methods for Diagnosis and Prognosis of Cancers of Epithelial Origin		

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 18th day of January, 2007.

  
Jane M. Legere

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page); and
3. Return Receipt Postcard (1 page)



<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/585,464
	Filing Date	January 10, 2005
	First Named Inventor	Moses
	Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	CMC-0011

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.  
**OR**  
☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:  
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Brenda Manning</i>		
Name	Brenda Manning, Children's Hospital Boston		
Date	January 9, 2007	Telephone	617-355-7050

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.